AMENDMENT TRANSMITTAL LETTER					Docket No. 0425-1082P
Application No. 10/678,088-Conf. #4496		Filing Date October 6, 2003		Examiner B. J. Goode	
Applicant(s): Mas					
Invention: INFLAT	ror				
MS AF Commissioner for I P.O. Box 1450 Alexandria, VA 223	313-1450				
Transmitted here The fee has beer				• •	
		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims Independent	22	- 23 =	0	x 50.00	0.00
Claims	4	- 4 =	0	x 200.00	0.00
Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
Please charg	al fee is requi ge Deposit Acc copy of this she	count No	i	Small Entity	·
	ne amount of \$ credit card. Fo		is enclos is attached.	sed.	
as described	r is hereby auth I below. A dup ny overpaymer	licate copy of		Deposit Account Nenclosed.	lo02-2448
			on processing	fees required under	37 CFR 1.16 and 1.17.
Terrell C. Birch Attorney Reg. N	V	# 40,4171		Dated:	May 14, 2007
BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Road irginia 22040-		LP		

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TCB/MH/pjh